PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number 10/09/, 256										
Effec	ive October 1, 21	W1			19930 8000					
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY				
TOTAL CLAIMS	24			Œ	STA	FEE		RATE	FEE	
FOR	NUMBER FILED	NUMBER	EXTRA	34	SIC PEE	370.00	OR	DASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS	24 minus 20=	٠,٧		[48 -		OR	X\$18=	72-	
INDEPENDENT CLAIMS	u minus 3 =			3	(42=		ОR	X84=	84-	
MULTIPLE DEPENDENT CLAIM F	RESENT			T.	140=		OR	+280=		
* If the difference in column 1 is	less than zero, ente	er "O" in col	umn 2	ليـــ 1	OTAL		OR	TOTAL	896.	
CLAIMS AS AMENDED - PART II OTHER THAN										
(Column 1)	(Coly		Cotumn 3)	8	MALL	ADDI-	OR I	SMALL	ADDI-	
CLAIMS REMAINING AFTER	NUI PREV		PRESENT EXTRA	. 1	RATE	TIONAL FEE		RATE	TIONAL	
AFTER AMENDMENT Total • J U Independent • 3			,	7	48		OR	X\$18=	·	
Independent • 3	Micus ee (7			X42=		OR	X84=		
FIRST PRESENTATION OF	AULTIPLE DEPENDEN	IT CLAIM		۱ <u>۱</u>	140=.	·	OR	+280=		
				L	TOTAL		OR	TOTAL ADDIT, FEE		
2-3-05 (Column 1)	· «Colo	umn 2) (Column 3)	AD	OIT. FEE			Partie Table		
CLARLS	HK3	HEST	PRESENT	וו		ADDI-			ADDI- 1 IONAL	
REMARING AFTER AMENDMENT Total •	PRE	MOUSLY D FOR	EXTRA	 	RATE	TIONAL FEE		RATE	FEE	
Total • 4	Minus so	24	•/	lL	X\$ 9=	/_	OR	X\$18=	/	
Independent • 7	Minus •••	TC AM	•	łL	X42=		ОЯ	X84a		
FIRST PRESENTATION OF	WOLIFIE DEFENDE			" •	•140 = .	/	OR	+280=/		
	•			AD	YOYAL OTT. FEE	U	RO	ADDIT. FEE		
4-1-05 (Column 1)		0.1	(Column 3)	L			_			
CLAIMS REMAINING	HIX	MBER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AFTER AMERICANEN	PA	D FOR	EXTRA /	┨ ┡		FEE	1		FEE	
Total	Minus == 2	24	• • /	┨┖	X\$ 9=	/	OR		 	
independent • <	Minus •••	MT CLAIM	· /-	┧┖	X42°		OR	X84-	 	
FIRST PRESENTATION OF	my Li was der Cross			-	+140÷		ОЯ	+280=/	1:	
If the entry is column 1 is less than the entry in column 2, write "O" in column 3. * If the entry is column 1 is less than the entry in column 2, write "O" in column 3. * If the entry is column 1 is less than the entry in column 2, write "O" is column 3. ** If the entry is column 1 is less than the entry in column 2, write "O" is column 3. ** If the entry is column 1 is less than the entry in column 2, write "O" is column 3. ** If the entry is column 1 is less than the entry in column 2, write "O" is column 3. ** If the entry is column 1 is less than the entry in column 2, write "O" is column 3. ** If the entry is column 1 is less than the entry in column 2, write "O" is column 3. ** If the entry is column 1 is less than the entry in column 2, write "O" is column 3. ** If the entry is column 1 is less than the entry is column 3. ** If the entry is column 1 is less than the entry is column 3. ** If the entry is column 1 is less than the entry is column 3. ** If the entry is column 1 is less than the entry is column 3. ** If the entry is column 1 is less than the entry is column 3. ** If the entry is column 1 is less than the entry is column 3. ** If the entry is column 3.										
of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ""If the "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.										
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		poroved for use through	PTO/SE/30 (09-04) 07/31/2008. OMB 0851-0031 PARTMENT OF COMMERCE 2 A valid OMB control number.		
	U.S. Patont and 117	motion unless it contain	a a valid OMB control Autober.		
Under the Paraments Reduction Act of 1995, no persons are received Request	Application Number	10/091,258		ED	
for	Filing Date	March 5, 2002	OBNIGAL FAM	TA CEMIEM	
Continued Examination (RCE)	First Named Inventor	Triplett		2005	
Transmittal	Art Unit	3752			
Mail Stop RCE Commissioner for Patents	Examiner Name	C. Kim	D'm		
P.O. Box 1450	Attorney Docket Numb	29930.8000			
Alexandrie, VA 22313-1450 This is a Request for Continued Examination (RCE) request for Continued Examination (RCE) practice under 37 (1995, or to any dealer expelication. See Instruction Sheet for Request for Continued Examination (RCE) practice under 37 CFR 1.11g Nr. amendments enclosed with the RCE will be entered in the applicant does not wish to have any previously filed unsernedment(s). a. Previously submitted. If a final Office action is considered as a submission even if this box is considered as a submission even if this box is considered as a submission even if this box is considered. b. Amendment/Reply ii. Affidevit(a) Declaration(s) 2. Miscellameous s. period of	Under 37 CFR 1.114 of the FR 1.114 does not apply to an CEs (not to be submitted to the otes! (If the RCE is proper, any pine order in which they were rise intered amendment(s) entered, a outstanding, any amendments is not checked. Brief or Rephy Brief previously III. Inform IV. Other orders are exceed a mooths; Furthered by 37 CFR 1.114 when the other thousing tees, or credit or I have enclosed a R(e)	above-toemures above-toemures uSPTO) on oace 2. oviously filed unertic d unless applicant has applicant must reque filed after the final Cl died on action Disclosure State or 37 CFR 1.103(c) to se under 37 CFR 1.17() a RCE is filed. by overpayments, to duplicate copy of this action to be included	application. prior filed prior to June 6, red amandments and structs otherwise. If est non-entry of such office action may be ternent (IOS) required)		
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CERTIFICAT I haveby certify that this correspondence is being deposited with the addressed for Mail Stop RCE, Commissioner for Patents, P. O. Box	E OF MAILING OR TRANSMIS United States Postel Bervice with a	ufficient postage as first	class mail in an envelope to the U.S. Patent and Trademe	n	
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Signature Colon III	in a la contra la chiele es sub	Date - - -		PTO	
Name (Pairl/Type) Set Nisto The collection of Information is required by 37 CFR 1.134. The information is required by 37 CFR 1.134. The information is required by 37 CFR 1.134. The information is expected by 35 U.S.(to process) an epification. Confidentially is governed by 35 U.S.(including patheting, preparing, and submitting the completed application and the support amount of time you require to complete the formation of time you require to committee, P.O. Box 14 ADDRESS. SEND TO: Mail Stop RCE, Commissioner for if you need assistance in complete.	esson form to the Other burden, sho essons for reducing this burden, sho 50, Atexandria, VA 22313-1450, D	uti be sent to the Chief O NOT SEND FEES O	Treormation Officer, U.S. Parce MR COMPLETED FORMS TO 1501.	ts on ; and THIS	

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